

Case Number:	CM14-0144250		
Date Assigned:	09/12/2014	Date of Injury:	02/21/2005
Decision Date:	10/30/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 53 year old with an injury date on 2/21/05. Patient complains of left lower extremity/ankle pain, lumbar pain, and right wrist pain (from using a cane) per 8/1/14 report. Patient has difficulty ambulating and with most activities of daily life per 8/1/14 report. Based on the 8/1/14 progress report provided by [REDACTED] the diagnoses are: s/p left foot stress fracture, s/p three surgical repairs, s/p chronic renal failure, secondary to a weight loss program with concentrated protein powder, as a direct result of #1, medication induced gastritis, anxiety and insulin dependent diabetes. Exam on 8/1/14 showed "obvious antalgic gait on left lower extremity and uses a cane in her right hand." No range of motion testing was included in reports. Patient's treatment history includes chiropractic treatments, weight loss program [REDACTED] and fistula and left foot surgery x 3. [REDACTED] is requesting Prilosec 20mg #30. The utilization review determination being challenged is dated 8/18/14 and modifies Prilosec 20mg #30 to half. [REDACTED] is the requesting provider, and he provided a single treatment report from 8/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prilosec 20mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Chapter, for Prilosec

Decision rationale: This patient presents with left leg/ankle pain, back pain, and right wrist pain. The physician has asked for Prilosec 20mg #30 on 8/1/14. Review of the reports does not show any evidence of Prilosec being taken in the past. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Regarding medications for chronic pain, MTUS pg. 60 states physician must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, there is documentation of medication induced gastritis. As there is no history of taking Prilosec, the request trial of Prilosec 20mg #30 is medically necessary for patient's gastritis. Recommendation is for authorization.